



# Leave of Absence Without Pay (LWOP) Request Form

Date received by department contact

## To be Completed by the Employee – Please Print

After reading the Employee Guidelines below, complete all requested employee information and then submit this form to your supervisor for approval.

Name \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ ZIP Code \_\_\_\_\_ Contact phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Employee ID \_\_\_\_\_ Work location \_\_\_\_\_ Personal e-mail \_\_\_\_\_

Regular work schedule \_\_\_\_\_ Current scheduled hours per week \_\_\_\_\_ Union \_\_\_\_\_

Job title \_\_\_\_\_ Supervisor name \_\_\_\_\_

If your spouse/domestic partner works for King County, provide his/her name and dept \_\_\_\_\_

Purpose of leave if non-medical \_\_\_\_\_

Does this LWOP period follow an existing family medical leave of absence (FMLA/KCFML/WFCA/PCPRC) for a reason other than your own serious health condition? Yes No

First day leave of absence without pay begins \_\_\_\_\_ Anticipated return to work date \_\_\_\_\_

☐ I have read the Employee Guidelines below and understand the impact of taking this LWOP.

## Employee Guidelines for Leave of Absence Without Pay

- If you're eligible for other leave, you may be eligible to take a leave of absence without pay in accordance with your department policy.
  - Up to 30 calendar days must be authorized in writing by your supervisor and appointing authority (your appointing authority is the person with hiring authority for your work group; your supervisor and appointing authority may or may not be the same person).
  - From 31 calendar days to a year requires additional authorization by the Human Resources Director (the leave may not exceed one year unless special circumstances apply and the Human Resource Director grants the extension).
  - When an employee has exhausted a family or medical leave of absence (FMLA/KCFML/WFCA/PCPRC) and the employee is in a no-pay status, a Leave of Absence Without Pay (LWOP) form should be used.
  - When you go on unpaid status, your sick leave, vacation leave and other benefit accruals stop (except as provided under family-medical leave for a medical leave of absence), and gaps in your county employment may affect your probationary period, seniority, retirement service credit, etc. For details, talk to your human resources representative.
- If unpaid leave is 30 days or less, any county-paid benefit coverage you receive continues uninterrupted. If your unpaid leave is 31 days or more, any county-paid benefit coverage ends the last day of the month you work before the leave begins. Benefits, Payroll and Retirement Operations will contact you regarding arrangements to continue benefit coverage when it receives a copy of your approved leave of absence without pay request and you go on unpaid status. You may reach Benefits at 206-684-1556.
- You may return to work from a leave of absence without pay before your leave expires if you submit a written request to your appointing authority at least 15 days prior to resuming duties. If you take leave to recover your health, your appointing authority may require you to submit a physician's statement concerning your ability to resume duties before you return to work.
- A medical leave of absence without pay may require a medical certification at the beginning of the LWOP period and periodically during the duration of the leave.
- Your leave of absence without pay may be revoked if your appointing authority provides evidence that it was granted and approved under false pretenses or if the need for your leave has ceased to exist. Failure to return to work by the expiration date of the leave of absence without pay may result in your termination from county service.
- For more information, refer to King County Code 3.12.250, the Personnel Guidelines and any applicable collective bargaining agreement. Should information on this form conflict with your collective bargaining agreement, the latter will prevail.

*I've read and understand my responsibilities for requesting this leave; I've submitted this form for appropriate signature and approval. The information I've provided is true, correct and complete; I understand the falsification of any information I've provided may lead to disciplinary action up to and including discharge from employment. I will notify my supervisor/appointing authority if and when there are changes to the circumstances of my leave. Further, I understand that I am responsible for submitting this request to provide the county enough time to process my LWOP request in advance of my leave start date or as soon as practicable. I also understand that this leave is not approved until all approving parties have signed this form.*

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Submit Leave of Absence Without Pay Request form to your supervisor for completion.

Employee Name: \_\_\_\_\_

**Supervisor/Department Approving Signatures**

- ☐ Did the employee complete the Employee Section? ☐ Have you read the Supervisor Guidelines below?  
☐ Have you discussed the "Employee Guidelines for Leave of Absence Without Pay" section with the employee?  
☐ If leave of absence began as paid leave, was an absence request submitted with this Leave of Absence Without Pay Request Form?  
☐ Have arrangements been made for the employee's work to be covered during the employee's absence?

Paid: ☐ 5<sup>th</sup> & 20<sup>th</sup> each month

☐ Every other Thursday

**If leave is 1 – 30 calendar days**

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name \_\_\_\_\_ Work Phone \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

Appointing authority \_\_\_\_\_ Date \_\_\_\_\_

After final signatures, submit this form to HR representative for processing: Name \_\_\_\_\_ Mail stop \_\_\_\_\_

**If leave is 1 – 365 calendar days**

Supervisor signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_ Work Phone \_\_\_\_\_

Department \_\_\_\_\_ Division \_\_\_\_\_

☐ If this is a medical LWOP for more than 30 days, send leave information to Disability Services Specialist to secure approval of the LWOP request and to discuss possible reasonable workplace accommodations.

Appointing authority \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Director (or designee) \_\_\_\_\_ Date \_\_\_\_\_

After final signatures, submit to HR representative for processing: Name \_\_\_\_\_ Mail stop \_\_\_\_\_

**Supervisor Guidelines for Approving Leave of Absence Without Pay**

- If leave is less than 30 days, secure approval from the appointing authority (if that's not you).
- If leave is more than 30 days for a non-medical condition, secure approval from the appointing authority and the Human Resources Director or designee.
- If leave is more than 30 days for the employee's medical condition, secure approval from Disability Services Specialist.
- Original signed form should be placed in the employee's file.
- You must also notify your human resources contact or designee when the employee returns to work.

**In approving a request, consider the following guidelines:**

1. The employee's work can be effectively handled by others during the absence, work can be placed on a temporary hold, or other arrangements can be made to ensure there are no negative business impacts.
2. Granting the LWOP request does not place any undue hardship on the employee's work group.
3. Employee should not have received any formal, written disciplinary action within the past year.
4. Employee is not currently on a performance improvement plan.
5. Previously approved paid leave, contractually mandated leave, or a leave for medical or military reasons already submitted by other employees in the work group may take precedence over an employee's leave of absence without pay request.

**Department Payroll/Human Resources Contact**

☐ Has all information been completed and appropriate signatures collected? When completed, the human resources contact will forward a copy of this form to the employee and to Benefits, Payroll and Retirement Operations at CNK-ES-0240. This ensures the employee is notified of the option to self-pay to continue benefit coverage (COBRA) when the employee goes on unpaid status.

☐ Remember to notify Benefits, Payroll and Retirement Operations when the employee returns to work/paid status; call 206-684-1556, fax 206-296-7700 or e-mail [kc.benefits@kingcounty.gov](mailto:kc.benefits@kingcounty.gov).

Date employee goes on unpaid status \_\_\_\_\_

Department Payroll Contact (print name) \_\_\_\_\_ Date \_\_\_\_\_

Department Human Resource Contact (print name) \_\_\_\_\_ Date \_\_\_\_\_

☐ Department HR representative for employee file (*original*) ☐ Employee (copy) ☐ Benefits, Payroll and Retirement Operations (copy)